

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 576604

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	4					
6	4					
7	①					
8	⑤					
9	①					
10	①					
11	1					
12	1					
13	2					
14	①					
15	①					
16	1					
17	①					
18	①					
19	①					
20	①					
21	①					
22	①					
23	①					
24	①					
25	①					
26	①					
27	①					
28	①					
29	①					
30	①					
31	①					
32	①					
33	①					
34	①					
35	①					
36	①					
37	①					
38	①					
39	1					
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	3					
TOTAL DEP.	42	←		←		←
TOTAL CLAIMS	45	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54					1	
55						
56					1	
57					1	
58					1	
59					1	
60					1	
61					1	
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
68					1	
69					1	
70					1	
71					1	
72					1	
73					1	
74					1	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.					3	
TOTAL DEP.					3	←
TOTAL CLAIMS	45	[REDACTED]	[REDACTED]	[REDACTED]	38	[REDACTED]